

## M/WBE Analysis of RFP/Bid Respondents

RFP/Bid #: BC-06-07-05-52

Title: Request for Proposals for Employee Medical Coverage

M/WBE % Goal: 15.50% Aspirational Composite

The M/WBE Office has reviewed three (3) firms that submitted proposals for Employee Medical Coverage for Leon County. The three proposals were reviewed to ascertain the M/WBE Participation Level on a point scale of 6 - 10. All respondents for the Employee Medical Coverage for Leon County proposal received zero points, due to incompleteness and/or non-submittal of the Minority/Women Business Enterprise Participation plan. Capital Health Plan created an outline of M/WBE's, however the M/WBE form was not submitted; Vista Health Care completed an M/WBE participation plan but, did not identify the M/WBE's to be utilized; and United Health Care completed an M/WBE participation form but, did not list M/WBE firm(s) to whom they would subcontract the 15.5% of the ultimate fee.

The M/WBE Participation Level and points, detailed in the Request for Proposals, is as follows:

The respondent is certified as a Minority Business Firm with Leon County, as defined in the County's M/WBE policy.	10 Points
The respondent is a joint venture of two or more firms/individuals with a minimum participation in the joint venture of at least 20% by certified minority business firms/individuals.	8 Points
The respondent has certified that a minimum of 15.5% of the ultimate fee will be subcontracted to certified MBE Firm(s), and has identified in the proposal the MBE firm(s) that it intends to use.	6 Points

<b>1 Respondent:</b> Capital Health Care; Tallahassee, FL					
Detail M/WBE Companies (respondent & subcontractors, as applicable)		Goods and Services	*E/G	**Cert. By	M/WBE Participation as % of Total Base Bid
1 The respondent did not submit an M/WBE form.					\$ -
Total M/WBE Participation: 0 points		0.00%	Met M/WBE Goal?		No
<b>2 Respondent:</b> Vista Health Care; Tallahassee, FL					
Detail M/WBE Companies (respondent & subcontractors, as applicable)		Goods and Services	*E/G	**Cert. By	M/WBE Participation as % of Total Base Bid
1 The respondent submitted an incomplete M/WBE form.					\$ -
Total M/WBE Participation: 0 points		0.00%	Met M/WBE Goal?		No
<b>3 Respondent:</b> United Health Care; Tallahassee, FL					
Detail M/WBE Companies (respondent & subcontractors, as applicable)		Goods and Services	*E/G	**Cert. By	M/WBE Participation as % of Total Base Bid
1 The respondent submitted an incomplete M/WBE form.					\$ -
Total M/WBE Participation: 0 points		0.00%	Met M/WBE Goal?		No

\*E/G (Ethnic/Gender): A = Asians; B = Black; H = Hispanic; N = Native American; F = Female  
 \*\*Certified By: LC = Leon County; CT = City of Tallahassee; LCSB = Leon County School Board

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